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19-14892

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override, Primary Crash Document #, Agency Crash Number 19-14892, Investigating Officer/Deputy DEPUTY I. GALVAN, Crash Date 12/03/2019, Crash Time 04:58 PM, Date Arrived, Time Arrived, Date Notified 12/03/2019, Time Notified 05:00 PM, Total Units 01, Total Injured 00, Total Killed 00, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related NO, Tags, Reportable, Crash Type NON-DOMESTICATED ANIMAL W/ NO INJURY, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON E10620 STH33 WB
1110 FT W
OF WEBSTER LN
(FIRE E10620)
IN THE TOWN OF DELTON
IN SAUK COUNTY
Latitude 43.514606432, Longitude -89.792870939, X Coordinate 274261.90625, Y Coordinate 4821753.5, Structure Type FIRE

Crash Scene

First Harmful Event NON DOMESTICATED ANIMAL (ALIVE), First Harmful Event Location ON ROADWAY, Manner of Collision NO COLLISION W/VEHICLE IN TRANSPORT, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type DEER, Relation To Trafficway TRAFFICWAY - ON ROAD, Crash Classification - Location PUBLIC PROPERTY, Crash Classification - Jurisdiction NO SPECIAL JURISDICTION, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status IN TRANSIT, Vehicle Operating As Classification D CLASS, Unit Type AUTOMOBILE, Vehicle Type PASSENGER CAR, Operating As Endorsements, Total Occs 2, Train/Bus # Recorded, Total # Citations Issued 0, Total Trailers 0, Total HazMat Types 0, Insurance? YES, Direction Of Travel WESTBOUND, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With NON DOMESTICATED ANIMAL (ALIVE), Special Function NO SPECIAL FUNCTION, Emergency Motor Vehicle Use NOT APPLICABLE, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade, Truck Bus or HazMat NO

Vehicle

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| | | | | |
|-----------------------------|--|---|-----------------------------|---|
| 01 UNIT VEHICLE | License Plate Number 889YKK | Plate Type AUT - AUTOMOBILE | St WI | Country of Issuance UNITED STATES |
| | Vehicle Identification Number JTJBT20X140067573 | Make LEXUS | Year 2004 | Model GX |
| | Color GRY - GRAY | Body Style UT - SPORT UTILITY VEHICLE | Bus Use NOT A BUS | |
| | Initial Contact Point 1--RIGHT FRONT CORNER | Vehicle Damage | | |
| | Extent Of Damage FUNCTIONAL DAMAGE | 1--RIGHT FRONT CORNER, 12--FRONT | | |
| | Towed Due To Damage NOT TOWED | Vehicle Removed By OPERATOR | | |
| | What Driver Was Doing | Vehicle Factors | | |
| Driver Prior Action Other | | | | |
| 01 UNIT VEHICLE | Driver Actions NO CONTRIBUTING ACTION | | | |
| | Owner Name | Owner Address | | |
| 01 UNIT POLICY HOLDER | Policy Holder | | | |
| | Insurance Company ERIE-INS-CO | Individual JAMES BELL | | |
| | Individual | | | |
| 01 UNIT INDIVIDUAL | Driver JAMES R BELL JR | Citations Issued 0 | Sex MALE | |
| | | Date of Birth | Race WHITE | |
| | Address S3046 AULT RD REEDSBURG, WI 53959 , US | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | |
| | Safety Equipment | On Duty Crash | Safety Equipment | |
| | Seat Position | SHOULDER & LAP BELT | | |
| | Helmet Use | Helmet Compliance | | |
| | Eye Protection | Tint Compliance | | |
| 01 UNIT INJURY | Injury | Injury Severity NO APPARENT INJURY | Airbag | |
| | Ejected | Ejection Path | Trapped/Extricated | |
| | Medical Transport NOT TRANSPORTED | EMS Agency Identifier | EMS Run # | |
| | Hospital | Date of Death | Time of Death | |
| | Distracted By | Distracted By Source | | |
| | Distracted By Action | | | |
| Non Motorist | Striking Unit # | Location | | |

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|-------------|--|-------------------|---------------------------------|
| UNIT | Prior Action | | |
| | Action | | |
| | Action Other | | To/From School |
| | Drug & Alcohol | | |
| | Suspected Alcohol Use NO | | Suspected Drug Use NO |
| | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | Alcohol Test Results |
| | Drug Test Given TEST NOT GIVEN | Drug Test Type | Drug Test Results |
| | Drug Type | | |
| | Individual Condition APPEARED NORMAL | | |
| | 01 | 001 | |